Ohio Campaign Finance Report



Prescribed by Secretary of State 3/05

10 JAN 27 PH 12: 06

Full Name of Committee The Committee	to Elect Andrea	Registration Number (EPAC) FILANTE N. CUUTETT ROBERT OF FLECTIONS					
Full Name of Candidate Andrea C. Peep	les		•				01.10 (.)
Street Address 6401 Stoll Lane				Office Sought Franklin (Cty Muni C		District
Cincinnati					State OH	Zıp Cod	5236
Type of Report (place X to the left of report	Pre-Primary	Post-Primary		Pre-General	Post-G	eneral	Annual Year
type)	July Monthly	August Monthly		September Monthly	Termin	nation	Semuannual
Amended Report? Tyes	No Report Electronically	y Filed? Tyes TNo	Date of E	lection	М	D	Y

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box \(\sigma\) No other forms are required for a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

1 Amount brought forward from last report	s \$5,572	13
2 Total monetary contributions (From Form No 31-A)	s \$0	00
3 Total other income (From Form No 31-A-2)	s \$0	00
4 Total funds available (sum of lines 1, 2, 3)	s \$5,572	.13
5. Total monetary expenditures (From Form No. 31-B)	s \$0	.00
6. Balance on hand (line 4 minus line 5)	s \$5,572	13
7 Value of m-kmd contributions received (From Form No 31-J-1)	s \$0	00
8. Value of in-kind contributions made (From Form No. 31-J-2)	s \$0	00
9 Outstanding loans owed by committee (From Form No 31-C)	s \$18,000	00
10 Outstanding debts owed by committee (From Form No 31-N)	s \$0	00
11 Outstanding loans owed to committee (From Form No. 31-K)	s \$0	00
12 Value of independent expenditures made (From Form No. 31-U)	s \$0	00
13 For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	s	

THE INFORMATION CONTAINED IN THIS REPORT IS MA FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH	DEGREE/	^	
Calvin L. Peeples	(Aluin L	. Peeples	01/24/2010
Print Name and Title (Treasurer and Deputy Treasurer only)	Signature		Date

Expenditure pages Other 2 pages_

Statement of Loans Received

1 Page _____

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Full Name of Committee	draa Da	anlan far l									
The Committee to elect An	urea Pe	epies for J	uage				·. · · · · · · · · · · · · · · · · · ·				
From Whom Received Calvin L Peeples						Prior Amount \$18,000 00			Amt Incurred this Period \$0 00		
Address 6401 Stoll Lane											Outstanding Balance \$18,000 00
City Cincinnati	St ate OH	Zip Code 45236		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	0 ^M 3	1 6 0	Y 5	М	D	Y	\$ \$0 00	M	D	Y	\$ \$0 00
Registration Number, if PAC			М	D	Y		M	D	Y		
Employer/Occupation/Labor Organization	n *			M	D)	Y		M	D	Y	
From Whom Received						-	19	Prior Ai	mount		Amt Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zıp Code	Zip Code Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	M	D	Y	s	М	D	Y	\$
Registration Number, if PAC	<u> </u>		•	М	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y		
From Whom Received				•				Prior Ai	mount		Amt Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code	•	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	M	D	Y	M	D D	Y	\$	M	D	Y	s
Registration Number, if PAC			М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*			M	D	Y		М	D	Y		
* Required for contributions from in-	ividuals o	ver \$100 to s	tatewid	e and g	eneral as	sembly	candidates If contrib	utor 18 sel	f-employe	d, the oc	cupation and the name of

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space Transfer total of all loans received this period to the Statement of Other Income (Form No 31-A-2) Transfer total of all payments made in this period to the Statement of Expenditures (Form No 31-B) Transfer Outstanding Balance to the Cover page (Form No 30-A)

¹ Total prior amount \$ \$18	,000.00	
² Total received this period \$	\$0 00	(To Form No 31-A-2)
³ Total payments this period \$ _	\$0 00	(To Form No 31-B)
⁴ Total Outstanding Balance \$ _	\$18,000 00	(To Form No 30-A)

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R. C. 3517.10(B)(4)]